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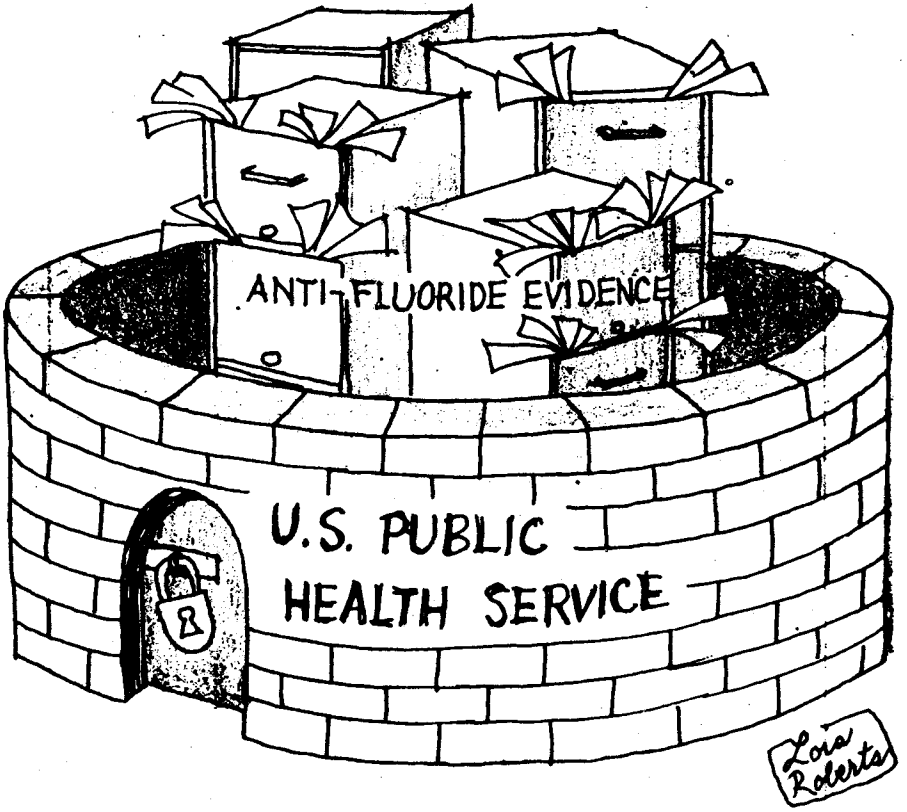
America's Fluoridation Experiment



Part III: The Wall of Silence

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Medical research in the United States is financed mainly through government grants, though some corporations do contribute large sums. Thousands of scientists are employed by the United States Public Health Service (USPHS), and over half a billion dollars in medical research funds are distributed annually throughout the world by the U.S. government, including several millions for fluoride research. USPHS officials also hold memberships on councils of scientific organizations and editorial boards of American medical journals. They sometimes have political connections, and use them, when they see fit, to pressure municipal politicians. The USPHS also runs educational campaigns, sponsoring "consultants," speakers, and ads in newspapers and on radio and TV.

All of this adds up to considerable influence. Robert Wagner, former mayor of New York City, is only one example of an official who was persuaded to retreat from his initially cautious stand with regards to fluoridation. On the local level, the direct effect of this influence is exercised mainly through Board of Health officials. These city officials discount virtually all complaints made by individuals who claim to be victims of fluoridated water poisoning. Upon receiving such a complaint, they immediately eliminate fluoridated water from consideration, since all the experts agree that it is "unequivocally desirable." Many times a diagnosis of psychosomatic illness is offered. Sometimes the person's mental state (rarely his physical state) is investigated, and his friends are questioned about possible neuroses he may suffer from. As a prestigious New Zealand commission so aptly concluded, "No harmful effects on health will follow the fluoridation of water supplies whether in respect of the complaints specifically made before us or otherwise." *(Report of the Com-*

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mission of Inquiry on the Fluoridation of Public Water Supplies, Wellington, N.Z., #542, p.150.)

The USPHS usually supports research favorable to fluoridation, and sometimes, if this research later proves unfavorable, they discontinue funds (as was the case with Drs. Reuben Feltman and R. A. Call). Certain experiments of the past are repeated over and over again. Their research never was of high quality, but now they are becoming extremely narrow in their outlook, recently granting (as described in the December, 1966, *Journal of the American Dental Association*) $160,000 to the University of Illinois to "study the impact of water fluoridation on dental practice," for example, but not one penny for research in such known, but scantily understood, phenomena as acute fluoride poisoning experienced by hypersensitive individuals.

Some centers of fluoride research in this country, such as the Mellon Institute and Kettering Labs, are sponsored largely through grants from corporations, among which are chemical, aluminum, steel, petroleum, toothpaste, and sugar companies. These companies give grants to organizations supporting fluoridation if, for no other reason, than to appease the USPHS and the American Dental Association (ADA). In return, the fluoridationists make no mention of the poisonous nature of fluoride wastes from these companies' industrial processes, endorse these companies' products, downgrade the importance of a sugar-free diet for decay prevention, and create a gigantic market for fluoride chemicals which some of these companies market.

Unfortunately, practically every anti-fluoridationist claims that American big business was the main

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force behind fluoridation and is the real culprit in the case, though I am certain, from examining their evidence in detail, that they have blown up the guilt on the part of some businessmen all out of proportion. Their detailed and studied arguments not only fall apart under careful examination but the facts that they have gathered themselves tend to contradict their own findings, and to put the ultimate blame on the government and its employees. Businesses do not use force, nor do they claim responsibility for protecting the public's health.

American medical journals generally refuse to publish scientific findings damaging to fluoridationist orthodoxy, and thus scientists are forced to submit these findings to foreign medical journals (Australian, Swedish, German, and others) for publication, where American medicos may never see them. When these findings are made public, they are ridiculed as unscientific and are downgraded beyond all justification. Dr. George Waldbott tells of cases of physicians and dentists who have been fined, summoned to appear before medical societies, and slandered for opposing fluoridation. He has come across many physicians who privately oppose fluoridation, but must remain silent for fear of losing their status in professional circles, their financial support, their affiliations with hospitals, or their patients, through blacklisting. Dr. Waldbott himself has been maligned in ADA and USPHS propaganda distributed internationally, despite the many discoveries he has made and the large number of articles he has published. (Interestingly enough, it was Dr. Waldbott who published the very first case of penicillin poisoning in the literature. Up until his discovery, everyone thought it was harmless.) At one time, a woman came to him complaining of fluoride poisoning who

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later proved to be a plant from some fluoridationist source (Dr. Waldbott found no evidence of fluorosis in her case). He offers evidence of a conspiracy against him among editors of American medical journals.

Endorsements are one of the key weapons wielded by fluoridationists. Fluoridation has been endorsed in some form by the USPHS, the ADA, the American Medical Association's (AMA) House of Delegates, the Parent-Teacher's Association (PTA), the Junior Chamber of Commerce, and the AFL-CIO, to mention a few. For example, in 1957 the AMA's House of Delegates adopted a resolution that stated, "Fluoridation. . . .is a safe and practical method of reducing the incidence of dental caries during childhood." However, at the same time, they also adopted a report which clearly showed that fluoridation was not absolutely safe, but that the harm caused was expected to be "minimal," and to be "outweighed" by the benefits.

Actually, scientific organizations as a body should never support any scientific theory or belief--even if it were true--much less politically promote it. Their purpose is to promote scientific progress by setting up the proper conditions for the free exchange of ideas so that each individual may decide for himself. In such an environment, all ideas are heard, criticized, and debated, no ideas are passively accepted, and only those ideas which are fully consistent with all the facts known, which stimulate further research, and which lead to practical results stand the test of time. As the president of the British Royal Scoiety affirmed in 1955, "[Scientific issues] are settled far more conclusively in the laboratory than in the committee room."

Promoters of fluoridation are constantly giving all

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sorts of awards to each other, congratulating themselves on their civic-mindedness, courage, and enlightenment. They quote each other as authorities *ad infinitum*, and the preponderance of their reports published on fluoridation could best be described as parroting, or, more generously, personal opinion. They identify themselves with the forces of progress and good will toward children. They ridicule their opponents as being against these aims, and publish sociological reports on their supposed "alienation from society," "anxieties in a nuclear age," and "feeling of impersonality of the forces affecting the life of the individual." They use whitewashing techniques, calling fluoridation nutritious, absolutely safe, the greatest public health measure of the century, and the only effective method of partial caries prevention on a mass scale today. (It is of no use to point out to them, using their *own* data on the range of fluoride's effectiveness and the limits of its safety, that it is either-or: either fluoridation is safe for the person who consumes gallons of water per day, or it is effective for the individual who drinks ounces per day, but not both.)

Very rarely is the issue of fluoridation brought up for a vote by health officials voluntarily. Most people who are now drinking fluoridated water never had a chance to vote on the issue. (Of course, the idea of voters, without any medical experience, voting, in effect, to prescribe a drug for whole cities to consume, is absurd to begin with. No person, and hence no government, has the right to dictate to another person what drugs he should take or what foods he should consume, by vote or otherwise. But the vote has been, in many areas, the only way in which people were able to protect themselves against fluoridation.)

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At times fluoridation was initiated and kept secret for a "test period." At other times, it was announced as beginning even though it had not begun, to ferret out "cranks." C. L. Sebelius, a USPHS official, concluded in the November, 1962, *Journal of the American Dental Association*, "The program [for fluoridation] needs to be a constant one, like a drip of water against a stone, which, as time goes on, causes a change to take place."

To prove the safety of fluoridation, proponents rely heavily on statistical tests. There is a great deal of evidence to suggest that these tests are being rigged, consciously or unconsciously, by the scientists performing them. For instance, in many studies, those patients are excluded beforehand, and sometimes even during the testing, who seem to be aberrant cases. These are just the cases which might prove the harmfulness of fluoridation. Also, many tests are not set up nor evaluated under "blind" conditions, that is, under conditions where the examining doctors do not know if the patient belongs to the fluoride or the non-fluoride group. It is a fact that the medical literature is replete with medicines and treatments statistically "proven" to be effective, yet which subsequently turned out to be completely worthless or unsafe.

A common mistake of anti-fluoridationists is to claim that fluoridationists have never proven the safety of fluoridation through positive results, and "ignorance" of negative results does not constitute a proof. This is wrong. "Safety" is a negative concept, and is measured by the absence of adverse reactions, rather than by the presence of good health or efficacy in curing disease. Negative concepts are shown to be absolutely true only by exhaustive elimination. To prove a man

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bald, you examine *every* area of his head for hairs, obtaining consistently negative results. Due to the number and complexity of reactions a person might experience from a drug, no one could possibly cover all adverse reactions, *without exception*, and prove medical safety absolutely. This puts a large, but not unfair, burden of proof on the proponents of any new medication. But if a single piece of evidence is revealed which suggests the existence of a dangerous side effect, such a proponent then has the logical and ethical duty of investigating that aspect fully, and explaining it on rigorous scientific grounds. Of course, it would be a gross understatement to say that the fluoridationists have not done so. And it might be argued that even this is not enough: if a person intends to fluoridate a *public* water supply, then he must prove the nearly impossible, that fluoridation is absolutely safe as ingested by the greatest consumer and the most hypersensitive individual, since it will reach and affect everyone in the fluoridated area.

One of the arguments frequently used by fluoridationists to back up their claim of safety is *not* medical, nor can it be deemed scientific. It consists of pointing to areas where fluoridation has been tried and noting in those areas no general rush to doctors by patients suffering from the maladies allegedly caused by fluoridation, nor a general outcry by physicians against fluoridation, due to their suddenly being swamped by a large number of fluoridation poisoning cases. This is the argument from automatic recognition: since fluoride damage is not recognized, it does not exist. Of course, one could turn this argument around and say, with equal lack of validity, that since millions of people are suffering from diseases and dying in fluoridated areas, this proves fluoridation is harmful to health.

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First of all, their facts are simply distorted. Many hypersensitive people have complained of fluoridation poisoning, and many of these cases have been proven. Physicians have made themselves heard against fluoridation, sometimes organizing for the purpose. Medical meetings taking place in European countries have gathered some of the greatest medical experts in the world together to present papers about fluoride poisoning, indirectly incriminating to the fluoridationist cause. None other than two Nobel Laureates, Murphy and Sumner, have publicly opposed fluoridation, and to them can be added an ever-growing list of physicians, dentists, biologists, and public health experts throughout this country and abroad. But these voices have not been listened to or publicized, and have been lost in a barrage of promotional releases. When men believe they are alone, few find their case worth the pleading.

Nevertheless, the general rush and general outcry has occurred to a relatively small extent. There are many possible reasons for this. A man might suffer from fluoridation poisoning, yet never think it warranted seeing a physician. If he went to a physician, the physician most probably would be unaware of the symptoms of fluorosis and of the instances of it discovered in the past few years. Or, a victim of fluoride poisoning might not start experiencing its symptoms for many months or years after fluoridation was initiated (after a cumulative or sensitization period), or might ignore those symptoms for some time, and thus the gradual increase of cases would go unnoticed by a physician. Also, physicians might fear to stand alone and face the disparagement that inevitably is directed against the doctor opposed to fluoridation.

But the basic cause for the general silence is the

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acute lack of communications among scientists on this issue. American journals generally refuse to publish articles reflecting a contrary viewpoint, and the official stand of some medical associations is that fluoridation is no longer scientifically debatable. Compound this with the fact that the recognition of the cause of a chronic illness, especially of chronic poisoning, is generally one of the most difficult problems to solve in medicine, and the fact that deaths from chronic fluoride poisoning usually are caused by intercurrent diseases, and one sees that ignorance is likely to result, and that misdiagnoses might be given.

A shocking example of such a misdiagnosis is given by Dr. Waldbott. A twelve-year-old boy had been suffering from increasingly severe convulsions for over two years. His teeth appeared crippled and underdeveloped. A neurosurgeon, after careful consideration, diagnosed his case as possible epilepsy. The child then underwent exploratory brain surgery, necessitating cutting away part of his skull. Nothing abnormal was found. Urinalyses showed that the boy was eliminating large quantities of fluoride, even after he had been transferred (for the operation) to a non-fluoridated city. Upon elimination of the fluoridated water of his hometown, he had no further attacks and the fluoride levels of his urine decreased to zero.

The proponents of fluoridation sometimes argue that fluoridation is urgently needed; that, since this is an emergency situation, we cannot wait for all the medical data to be collected and a careful, well-reasoned evaluation to be made. It is quite true that modern diets are causing a higher rate of decay, but modern dental knowledge, detection devices, preventative measures, and techniques

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are counteracting this trend. Furthermore, since improper diets are the cause of this increase, the only proper way to combat it is on the individual level, for each individual who wants less decay to eat the proper foods, such as whole-meal bread and bone meal, and to abstain from sweets.

Dentists and doctors have been known to make mistakes in the past--they may be making a mistake in this situation. In the infamous "Amalgam War" of the early nineteenth century, for instance, a prominent dental association declared filling cavities with amalgam to be malpractice; yet this is standard procedure even today, with modern plastics and cements available. There was a great deal of quackery in medical practice and theory in nineteenth-century America, and it was a long hard struggle for the advocates of reason to develop their better theories and techniques and then introduce them to their colleagues. The struggle was carried out by persuasion and by example, and arduous as it was, it constantly progressed, as one barrier after another collapsed under the weight of rational demonstration, not government regulation or edicts. It was free individuals, not consensuses, who made the startling and life-giving advances in medicine we have witnessed in the last century, and they did not achieve these advances automatically.

What is singularly most important here from a medical standpoint is that not enough medical evidence has been collected to warrant the fluoridation projects being undertaken by one local government after another. On the contrary, as the evidence against fluoridation mounts (despite the wall of silence being built around it), it is becoming clear that a major scientific and political scandal is developing, forcing the fluorida-

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tionists to take an increasingly belligerent stand against their opponents so that the issue might never be given a fair hearing. And though fluoridation is still spreading throughout this country (some state legislatures have considered compulsory statewide fluoridation schemes of which three have passed, in Connecticut, Minnesota, and Illinois; now, leading promoters are pressing for a *national* compulsory fluoridation law), fluoridation's tide has turned in other countries (e.g., France, Denmark, Sweden, and Switzerland) with more responsible public health policies, or with supreme court justices more convinced that fluoridation violates individual rights.

But still *more important* is a political point. The Public Health Service, a branch of the Health, Education, and Welfare Department (HEW), has vastly expanded its services (under a variety of names) since its inception in the late eighteenth century, directing and financing widespread educational and research operations as well as treatment centers, and using police powers of quarantine when necessary. Its original purpose was to prevent contagious diseases from spreading. Where a person can become afflicted with a disease, due to the negligence of another, there is some justification for the institution of a Public Health Service--not to alleviate the suffering of diseased persons, but to protect human rights. But once such a service starts to equivocate on its purposes and fuctions, switching the justification of its activities over to "society's responsibility to the individual" and to humanitarian reasons of "social concern," then there can never be any justification for its existence as a government agency.

For example, in the January 1952 issue of *Public*

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Health Reports, it was affirmed that the official policy of the USPHS "reflected the conviction that physical fitness, for civilians as well as for troops, was a duty owed the Nation." It is on the basis of this theory, applied to every concrete issue (such as fluoridation), that the USPHS intends to transform its function from that of protecting people from contagious health hazards to that of promoting everyone's health for the sake of national duty.

If the principle behind fluoridation were to be upheld, then logically the government could advance further mass therapeutic programs, either through water supplies or other public means. Should water supplies be turned into medicinal concoctions "guaranteed to cure every known disease," as the old medicine man would say, or should they merely supply clean water to the citizens of the city, allowing them individually to do with that supply what they want? After all, man needs carbohydrates, vitamins, minerals, proteins, and so forth, to live. Would it then be preferable to add these substances (or at least the ones that were palatable) to the water supply as well? Copper and molybdenum salts have recently been claimed to be anti-caries agents. Should they be dumped in with the fluoride? There are other afflictions besides tooth decay that men now and then fall prey to. Despite the fact that aspirin and penicillin have been known to cause deaths, should we not aspirinate or penicillinate the water to alleviate the suffering of the many? Perhaps one day we shall open our faucets to find a thick green soup flowing out. If this should happen, would it be right?

The irony of these questions is that in today's world they have no clear-cut answer, though they

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do demonstrate a political principle. That principle is that the "public" does not exist as a separate entity in reality, but only as an abstraction in men's minds; that it is impossible to serve the "public interest" unless you serve every single member of the public, which is clearly not what is meant by that phrase; and so that, in practice, anything done for the public, such as the operation of a public utility, can only result in the sacrificing of some segment of the public for the sake of another segment. For instance, while a six-year-old girl has one less cavity when she goes to the dentist, a thirteen-year-old girl suffers from migraine headaches, and a twenty-six-year-old prospective actress with mottled teeth searches for a job in vain. The answer will never be clear-cut as long as men believe that politics is the art of compromise, of compromising one person's interests for the sake of another.

Nature only provides the raw materials for men to evaluate and refine: not even water supplies are free nor necessarily safe. We must search them out (or create them by means of reservoirs), analyze them for cleanliness, protect them from contamination, evaporation, and seepage, add disinfectants when necessary, and pump them to where we want them. All this requires constant physical and mental effort. The need for the maintenance of this effort should give us a clue to the ultimate solution to controversies like the fluoridation controversy. If government-controlled public utilities were abolished and replaced by the free market, then competition would determine who is best qualified to run the water supplies of any area, and freedom of trade would insure the right of every man to choose the kind of water supply he wants. With such a system, the problem of whose interests constitute the "public interest" would

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be seen to be illusory, along with the need of questions like the ones asked previously.

Today, most water systems in the United States have been built up through the government's power of eminent domain, government-supervised rivers pass through private lands, government-controlled water pipes go through and under private lands, and government-owned reservoirs supply cities with their water supply. The institution of a move to dismantle this superstructure would be unthinkable in the present context and could only lead to disasters. It must be viewed as an extremely long-range goal, which cannot be accomplished overnight.

But fluoridation violates a man's right to bodily privacy. If a man does not have the right to use his own body as he sees fit, he ultimately has no rights whatsoever, for all his other rights can only be implemented by means of his body. Therefore, what an advocate of freedom can do immediately is call for the elimination of fluoridation, so that the statists' plans will no longer literally be forced down the throats of people.

Are there positive alternatives to fluoridation? Yes, there are. Proper nourishment and dental hygiene are really the two main factors in dental health. These, of course, would be an individual's responsibility (or, in the case of a child, the responsibility of his parents), not the government's.

As far as the possible beneficial effects of fluoridation are concerned, topical application of fluoride through toothpaste or annual dental treatments (the proposal originally put forward by the USPHS) possibly could do a better job and definitely would be safer than fluoridating water supplies, with the added benefit of being strictly

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voluntary. Of course, fluoridation does not make it impossible for a man to drink non-fluoridated water, if he is able to buy gallon jugs of such water every day, just very difficult (though it does make it practically impossible for him to avoid some fluoride intake through the food and beverages he consumes that are processed with fluoridated water). But then again, the elimination of fluoridation would not make it impossible for a youngster to obtain a daily supply of water-borne fluoride if his parents so wished. A simple pill (assuming the Food and Drug Administration did not object) dissolved in water and taken daily, would do the job perfectly. Because fluoridation at best could only help a small minority of the population, this alternative method would make much more sense, even if the supposed benefits of fluoridation were proven beyond doubt.

But the most important consequence of the struggle for fluoridation is that it has resulted in a frightening lack of scientific objectivity.

When men ignore the fact that they are adding a known cumulative poison to the water supply; when they speak of that poison as a "nutrient"; when they ignore high calcium concentrations, variable fluoride concentrations, changes in population, triple death rates, and whole cities when the data contradicts their expectations; when they give up their research on fluoride, "re-evaluate" past findings, ridicule, condemn, and slander honest opponents; when they ignore problems like "drop-out," auxilliary sources of fluoride, other uses of the water supply, variable dosages due to variable intake, and the amazing variation of susceptibility to fluoride poisoning from individual to individual; when they then compare all this to immunization and the antibiotics—then you know that somebody is allowing someone's feelings to take precedence over some facts.

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Who is to blame? They are; but it could not have happened this way without the institution which has gone beyond its proper limits and now claims to represent "society's responsibility to the individual": the government. It has provided some men with the power to impose their dubious plans for improving dental health on the general populace, without the voluntary consent of all the individuals affected. It has allowed these same men to exercise great influence in the realm of medical scientific research, basically through the government grant, which in turn is based on the power of taxation, which is, of course, enforced without the consent of all those taxed. Because now, in twentieth century American, these "innovators" no longer have to rely on persuasion and example to develop and introduce *their* new theories, but can rely on *force*, they no longer are constrained to be objective about those theories in order to promote them.

And, unfortunately, instead of opposing these forces of arbitrariness and irrationality, many medical doctors are closing their eyes to the consequences and appeasing them. They are kowtowing to bureaucrats who are willing to ignore physical human suffering directly brought about by their own plans, and somehow hoping that everything will come out all right. One wonders who is the guiltier: the scientist who, for the sake of a government research grant, supports an official *political* theory, or the one who supports an official *scientific* theory—most probably the latter.

Russian biologists faced an extreme of essentially the same dilemma in the 1940's, when confronted with the government-sanctioned dogmas of Lysenko. The result was that some of the most brilliant minds in Soviet Russia ended up dying in obscure Siberian concentration camps. But Russian science was

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saved from total collapse by the scientists of the West, who, unlike their soviet counterparts, did have the freedom to think and act independently. The Russians were lucky enough to have their reversion into subjectivity checked by the objective nature of the free market of ideas in science. What free markets, of ideas or goods, are there now left in the world to save American science and scientists from a similar fate?

One last point must be considered: the motivation behind all the dedicated support for fluoridation. Why should so many educated men advocate fluoridation on such a wide scale when it is so obviously inefficient and fraught with hidden dangers and unknowns? Is it simply due to a misplaced concern for the welfare of children? Perhaps in some case, but certainly not in all cases. In June of 1951, according to a report given to Congressman T. M. Pelly, the State Dental Directors were called to Washington, D. C., to "confer" with the USPHS. At that meeting, Frank Bull, D. D. S., Former Director of Dental Health for Wisconsin, impressed upon the directors the importance of political manipulation in getting fluoridation legislation passed. He told them, "We have got to have an answer. Maybe you have a better one;" and, later on, said, "This toxicity question is a difficult one. I can't give you the answer on it."

Waldbott suggests that back in the 1950's, the Public Health officials and dentists who originally proposed fluoridation as the answer to their dreams of discovering a decay preventative measure became blinded by their enthusiasm to help the public and make a great discovery. For instance, take this 1954 quote of H. Trendley Dean's: "Fluoridation is a cheap effective dental caries preventative heralding marked changes in the dental practice of the future. Such changes may be as revolutionary as those which

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have occurred in medicine during the past generation with the advent of immunization and the antibiotics." But, in fact, they made an irresponsible mistake, and are now trying to gloss it over. Other less credible explanations (including those of a Communist and a capitalist plot), have been offered.

Two sources of motivation usually are passed over by anti-fluoridationists--with the notable exception of Frederick Exner, co-author of *The American Fluoridation Experiment*. The first is a fear of going against the group and standing alone. For example, if the ADA took a stand against fluoridation, some fluoridationist could easily malign it by claiming that its stand was selfish, that its members weren't really looking out for the welfare of their patients, but were only seeking a thriving business for themselves. By taking a pro-fluoridation stand, they set themselves up as morally pure, as martyrs to the cause of better dental health for children, since they are willing to sacrifice their selfish interests (which consist, presumably, in having as many people as possible come down with tooth decay) for the sake of the public interest.

Fluoride pills and topical application have many advantages over fluoridation, as previously mentioned, but would be, as the AMA has said, "dependent upon factors of co-operation." Fluoridation, on the other hand, is compulsory. Therefore, the second and most basic motivation behind the prime movers who instigated and fought for fluoridation must be in this instance, as in many other instances of arbitrary government actions, the desire for power--the power to control other people's lives. For a man so motivated, it would

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give *him* a warm, pleasurable feeling to sit at home at night and know that one million people are each drinking six glasses of water that day, to make a grand total of six million glasses, and every last drop of it is fluoridated because of *him*.

--David Solan

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